

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51	/			
2		/					52	/			
3		/					53	/			
4		/					54	/			
5		/					55	/			
6		/					56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12		/					62				
13		/					63				
14		/					64	/			
15		/					65				
16		/					66				
17		/					67				
18		/					68				
19		/					69				
20		/					70				
21		/					71				
22		/					72				
23		/					73				
24		/					74				
25		/					75				
26	/	/					76				
27		/					77				
28		/					78				
29		/					79				
30		/					80				
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32		/					82				
33		/					83				
34		/					84				
35		/					85				
36		/					86				
37		/					87				
38		/					88				
39		/					89				
40		/					90				
41	/						91				
42		/					92				
43		/					93				
44		/					94				
45		/					95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
Total							Total				
Indep							Indep				
Total							Total				
Depend							Depend				
Total							Total				
Claims							Claims				